160TH ANNUAL REPORT

OF

THE SOCIETY OF

THE LYING-IN HOSPITAL

OF THE CITY OF NEW YORK

FOR THE YEAR

1958

530 EAST 70th STREET, NEW YORK 21, N. Y.

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Dr. Ogden F. Conkey

DR. OGDEN F. CONKEY

March 17, 1886–June 2, 1958

Dr. Ogden Fethers Conkey, the son of George S. and Nettie Homer Conkey, was born on March 17, 1886 in Canton, New York, where his father and grandfather had lived. His father was a pharmacist and his grandfather was one of the officials of St. Lawrence University, from which both his parents were graduated in the Class of 1883. Dr. Conkey attended the local public schools of Canton and was graduated from St. Lawrence University with an A.B. degree in 1908. He came to New York City, attended the College of Physicians and Surgeons, and received his M.D. in 1912. After serving a two-year internship at Hudson Street Hospital in New York City, he started in general practice in Westchester Village, then a part of the Bronx in the neighborhood of Fort Schuyler. After about four years, the neighborhood began to deteriorate and Dr. Conkey decided to obtain specialized training. In 1918 he served as Resident Obstetrician in the Manhattan Maternity Hospital which had been founded in order to provide teaching material for the medical students of Cornell and New York Universities. He opened an office for the practice of obstetrics in 1919, and after a year the late Dr. Howard McCandlish joined with him. These two life-long friends practiced together until Dr. Conkey retired in 1951. Dr. Conkey was appointed Instructor in Obstetrics at New York University, a position he held until the opening of The New York Hospital-Cornell University Medical Center at its present location. He was Assistant Attending Obstetrician at Bellevue Hospital and at the John E. Berwind Maternity Clinic. He was also on the attending staff of the Manhattan Maternity Hospital until it closed and merged with The New York Hospital at its present site in 1932. He was then appointed Associate Attending Obstetrician and Gynecologist to The New York Hospital and Instructor in Obstetrics and Gynecology in Cornell University Medical College. In 1946 he was appointed Assistant Professor and continued to serve in these capacities until the time of his retirement.

He retired from practice in New York City in 1951 and returned with his family to Canton, where for several years he enjoyed running his tractor and doing other work on his farm. In 1953 he was named to the staff of both Edward John Noble Hospital in Canton and the North Country Hospital.

Unfortunately in 1954 Dr. Conkey fractured his hip. A surgical correction was unsuccessful, and it was necessary for Dr. Conkey to use crutches for the rest of his life. He died at the age of 72, on June 2, 1958 in the Edward John Noble Hospital in Canton after a rather short illness.

He is survived by his wife, Mrs. Catherine Ruth MacGibbon Conkey; a son, Ogden Robert; three daughters, Mrs. Richard Babcock, Mrs. Frederick Paro, and Mrs. Horton Tupper; and four grandchildren.

Dr. Conkey was not a prolific writer, but he did publish contributions concerning fetal injuries, cesarean section, and endometriosis. His greatest contribution to the medical school was his interest in students and residents and his faithful individual teaching of these young men in the out-patient department and on the wards. Dr. Conkey was faithful in his attendance at staff conferences, where he was a patient listener with reserved judgment whose concise comments on appropriate occasions contributed much to this teaching exercise.

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HISTORICAL DATA

The New York Lying-In Hospital was incorporated on March 1, 1799, and opened its doors to receive patients, at No. 2 Cedar Street, in August of that year.

Its association with The New York Hospital dates from 1801. Dr. David Hosack, who was the prime mover in the founding of The Society of the Lying-In Hospital, was an attending physician at The New York Hospital and he brought about a lying-in ward in the latter hospital to which the subscribers to the Lying-In Hospital "had the liberty to recommend patients."

This relationship continued until 1827, when the two institutions, "inconveniences having arisen," parted for one hundred and one years. Each then went its own way, moving further uptown, each into its own enlarged quarters, and remained independent until 1932, when The New York Hospital-Cornell Medical Center was built and opened on York Avenue between East 68th and East 71st Streets.

In 1928 an agreement was executed between the two societies whereby The Lying-In Hospital became permanently included in this new medical center, as an integral part of The New York Hospital. Thus The Lying-In Hospital, without formal merger, became the Obstetrical and Gynecological Department of The New York Hospital.

The 1928 agreement stated "unless and until a merger or consolidation of the two institutions shall be effected, the maternity unit to be conducted by The New York Hospital shall be continued to be known and designated as the 'Lying-In Hospital'."

On May 15, 1947, pursuant to Chapter 223 of the Laws of 1947, State of New York, The Society of the Lying-In Hospital was legally merged into The Society of the New York Hospital, and thereby became the Department of Obstetrics and Gynecology of The New York Hospital.

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REPORT OF THE PRESIDENT

The Board of Governors of The Society of the New York Hospital presents with pleasure to our members and friends this record of The Lying-In Hospital for 1958.

As one reads the report of Dr. R. Gordon Douglas, Obstetrician and Gynecologist-in-Chief, one cannot help but be impressed with the forward steps constantly being taken by this 160 year old hospital to keep its procedures in the forefront of modern medical knowledge and practice. Not only do we care for a host of patients, but we teach and train doctors and nurses, using, in all of these fields, newly found knowledge, and newly devised methods of treatment. We are proud of the fact that even though new hospitals have opened obstetrical and gynecological services (many of which are staffed by doctors trained under our auspices), nevertheless the Lying-In Hospital continues to serve the community to its capacity.

Being located, as Dr. Douglas pointed out in his 1957 Report, twenty-five years at our current location, we have had several problems of modernization of our floors and rooms in 1958. These problems are being met, both by the appropriation of funds by the Board of Governors and by gifts from friends. One important addition was the centralized oxygen and suction equipment, given in large part by Mrs. A. Conger Goodyear.

I call your particular attention to Dr. Douglas's review of the staff research and educational activities. Much of this work was financed by grants from industrial and charitable organizations, to whom we are very grateful. The research of today makes the knowledge of tomorrow.

The Board of Governors of The Society of the New York Hospital expresses its grateful appreciation not only to Dr. Douglas and his professional associates, and to Miss McCluskey, Head of Obstetrical and Gynecological Nursing Service and her staff, but also to the Ladies' Auxiliary, to our Social Service Department, to our Babies' Alumni members and to all employees and friends who have done so much to further the purposes for which The Lying-In Hospital was created.

Francis Kernan
President

April 20, 1959

STAFF

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*On leave of absence until July 1, 1959.

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OBSTETRICAL AND GYNECOLOGICAL PATHOLOGIST

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ASSISTANT OBSTETRICAL AND GYNECOLOGICAL PATHOLOGIST

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*Until June 30, 1958

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Virginia T. Kinzel, B.A.

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*Returned from leave of absence.
**Until October 1, 1958.

REPORT OF THE OBSTETRICIAN AND GYNECOLOGIST-IN-CHIEF

To the Board of Governors of

The Society of the New York Hospital

Gentlemen:

I have the honor of presenting herewith the 160th Annual Report of The Lying-In Hospital of the City of New York for the year 1958.

Statistics. In The Lying-In Hospital, for the five year period 1954–1958, 20,895 live births occurred, accounting for 8 per cent of the total 259,837 recorded live births in the Borough of Manhattan for the same period. Fifty years ago the Society was caring for 9 per cent of the births recorded in the Borough of Manhattan, and nearly 18 per cent of those reported by physicians. At that time 48 per cent of the births in Manhattan were reported by midwives. The needy character of the beneficiaries of the Society, referred to and substantiated by statistics in the Annual Report of 1908, attest to the charitable as well as the educational responsibilities of the Society in a vastly different economy.

Fifty years ago there was no provision for the care of gynecological patients. This service, established as an integral part of this hospital in 1932, has since greatly expanded and now constitutes a very important part of our service. Facilities now existent provide comprehensive care for all problems concerning the reproductive system from the birth of the female infant throughout her entire life.

Including newborn, 12,154 patients were discharged during the year 1958. This figure may be compared with 12,055 in 1957 and 12,164 in 1956. Adult discharges numbered 7,770, and of these 5,314 were obstetrical and 2,456 gynecological patients. This was the second year in which pavilion adult discharges comprised less than half of the total, 46.2 per cent this year.

Pavilion discharges in relation to total discharges, both for the combined services, and for the obstetrical and gynecological separately, for the five-year period 1954–1958 are shown below. Numerical increase in pavilion discharges for combined services occurred in 1954, 1955 and 1956 while the percentages of pavil-

ion in relation to total discharges declined, indicating a greater increase on the private services. It is apparent that within the separate services, this is not quite consistently so. A marked reduction both in numbers and percentages of pavilion discharges occurred on the obstetrical and gynecological services in 1957.

From the point of view of a teaching institution it is encouraging to note that the obstetrical pavilion discharges comprised 49.4 per cent of the total obstetrical discharges in 1958, exactly the same percentage as in 1957, and showed a slight numerical increase.

PAVILION DISCHARGES 1954–1958

	Total		*Obstetrical*		*Gynecological*	
	Number	*% of Total Discharges*	*Number*	*% of Total Obs. Disch.*	*Number*	*% of Total Gyn. Disch*
1954.....	3732	52.0	2637	52.3	1095	51.5
1955.....	3810	51.3	2752	53.3	1058	46.9
1956.....	3962	50.2	2808	52.5	1154	45.5
1957.....	3627	46.8	2611	49.4	1016	41.2
1958.....	3591	46.2	2624	49.4	967	39.4

For the first time since 1943, pavilion gynecological discharges were under 1,000. These data are of great significance as indicated in our report of 1957.

There were 4,322 deliveries (4,373 babies) during the year compared to 4,254 in 1957. This is the largest number in any year since the hospital opened at its present location in 1932. Operative deliveries numbered 1,645. Of these 1,270 or 29.4 per cent of the total deliveries were forceps operations. There were 192 cesarean sections, constituting 4.4 per cent of all deliveries. The incidence on the private service was 5.7 per cent and on the pavilion service 3.2 per cent.

It is significant that 271 mothers pregnant out of wedlock were seen by our social service department as compared to 164 during 1957. The magnitude of this increasing problem is revealed by the fact that currently approximately 7 per cent of babies born in New York City are in this category.

Among 5,314 total adult discharges on the obstetrical service two maternal deaths occurred, one due to tuberculous meningitis, the other to choriocarcinoma.

The first death occurred in a 32-year-old Para 2, Gravida 3, Living Children 2 who had been treated for tuberculosis of the spine at age 2 with spinal fusion of T 11–12. The patient was

registered in our prenatal clinic at 10 weeks gestation. One previous child was mentally retarded secondary to phenylpyruvic oligophrenia. At 14 weeks gestation her husband noted a personality change. She was referred to Payne Whitney Clinic where a diagnosis of anxiety neurosis secondary to her fear of having another abnormal child was made. Admitted to the hospital at 15 weeks gestation with symptoms of spotting and listlessness, she was transferred to the Neurology Service where a ventriculogram and pneumonencephalogram were performed. These studies suggested a posterior fossa mass. A posterior fossa craniotomy was then performed. No brain tumor was noted. The patient died quite suddenly approximately 7 hours postoperatively after having responded moderately well. Postmortem examination showed extensive and advanced tuberculous meningitis.

The second death occurred in a 32-year-old white, married primigravida who was referred to this hospital by her local medical doctor following 16 weeks amenorrhea with gross hematuria. A left nephrectomy revealed metastatic choriocarcinoma. Extensive work-up revealed pulmonary metastases, an abnormal liver profile, and impaired renal function. The patient was treated with maximum dosage of nitrogen mustard, followed by laparotomy which revealed a normal uterus, large bilateral multilocular lutein cysts, and metastases to the right kidney, spleen, and peritoneum of the cul-de-sac. The patient's condition deteriorated and she was given methotrexate 135 mgm. over a 6-day period. She expired 8 days after the completion of therapy. Postmortem examination indicated death was due to a combination of widespread choriocarcinoma and severe toxic reaction to the chemotherapy. A diagnosis of pregnancy was presumed but never substantiated.

The perinatal mortality among the 4,373 infants weighing 500 or more grams (1.1 pounds) numbered 139 or 3.2 per cent, the largest number and highest percentage since the inclusion of infants weighing 500–1,499 grams in 1951. The percentages for infants 1,500 grams and over have fluctuated between 1.8 and 1.4 in the last 8 years. For infants weighing over 1,000 grams (2.2 pounds) and over 1,500 grams (3⅓ pounds) the percentages were 2.3 and 1.6 respectively. These figures represent an increase in perinatal deaths, accounted for almost entirely by an increased number (and proportion) of prematures under 2,500 grams and under 1,500 grams birth weight. In 1958 there were 79 infants and 68 perinatal deaths in the category under

1,500 grams, whereas in the same category in 1957 there were 59 infants and 49 perinatal deaths. Among the 4,033 term infants (2,500 grams and over birth weight) in 1958 there were 33 deaths, a perinatal mortality of 0.8 per cent. In 1957 there were 29 deaths among 3,986 term infants, a perinatal mortality of 0.7 per cent.

The policy of admitting unregistered emergency patients has an adverse effect on perinatal mortality. There were 8 perinatal deaths in instances of mothers who were not registered here. One of the mothers, suffering from lupus erythematosus, was transferred from Rockefeller Institute to the care of one of our private attending obstetricians. She delivered a 1,375 grams deadborn macerated infant. Another mother, who had chronic renal disease, delivered the only full term infant among these 8 deaths; this infant died at 29 days of age, of multiple congenital anomalies.

The 6 remaining perinatal deaths in instances of unregistered mothers were all under 1,000 grams birth weight; 3 deadborn, and 3 neonatal. Of these 6 mothers 4 had no antepartum care and 2 had defective care, that is, less than 3 visits to a doctor or other clinic.

Gynecologic discharges numbered 2,456 in 1958, just a few less than the 2,464 in 1957. Of the 2,456 patients 2,226 had one or more operative procedures. Procedures classified as major were performed on 890 patients. There were 13 deaths, 12 in patients with malignant neoplastic disease and one in a patient with diffuse nodular cirrhosis of the liver. This patient was a 54-year-old white married multipara who expired on her 62nd hospital day, having been admitted with a history of 6 weeks of postmenopausal bleeding. Evaluation revealed her physical condition to be critical with hepatic decompensation, ascites secondary to Laennec's cirrhosis, a large abdominopelvic tumor mass and hyperplasia of the endometrium.

For the most part hospitalization was spent in preparing the patient for laparotomy. The evening prior to contemplated surgery the patient evinced sudden severe cryptic hypotension with subsequent anuria and demise. Autopsy revealed the terminal episode resulted from spontaneous rupture of a benign large serous cystadenoma of the left ovary which led to generalized peritonitis.

Deaths following operations numbered 6 and all of these patients had malignant disease which was considered the cause of death rather than the operative procedure.

Physical Facilities. The recovery room on the operating and delivery floor was opened for operation in December, 1957, complete except for centralized oxygen and suction equipment which was installed early this year. One full year's experience with this new facility has shown that it is very satisfactory and that it has greatly increased the efficiency and quality of patient care.

During this first year of operation 3,273 patients were provided care in this unit. Of these 2,749 were transferred from the operating rooms and 319 obstetrical patients from the delivery rooms. This facility is open 80 hours per week. An additional 210 patients underwent emergency surgery when the unit was closed. In addition, the service was not available to a large number of obstetrical patients who delivered when it was closed. It is my hope that the economic and staffing problems can be solved in order that it may be in continuous operation.

Prior to its construction, the only recovery facilities on the operating floor consisted of individual rooms which were not satisfactory because they were few in number and because they presented difficulties in medical and nursing supervision. Accordingly, only a limited number of patients could be rendered this service on the operating and delivery floor. The new recovery room has met with the enthusiastic approval of the entire staff.

There have been only minor alterations in the nurseries since the hospital was opened on September 1, 1932. It has become increasingly apparent that the nurseries need reconstruction and modernization. Early in 1958 I requested the administration to make a survey of our present facilities and to prepare plans for reconstruction that would meet all modern requirements and even anticipate the future for the next quarter century. Shortly after this request, a committee consisting of representatives of the obstetrical, pediatric, administrarive, and nursing departments was formed. The services of an architect were engaged. Later in the year plans were compiled for the reconstruction on Pavilions M-1, M-2, and M-3. These consisted of an ideal plan for Pavilion M-3 consisting of eight modules each accommodating four mothers and their babies with nursery, rooming-in facilities, bathroom, and service areas. The plans on Pavilions M-1 and M-2 call for an increased area, separating the nursery into four or six crib units but retaining it in a central area. The entire proposal has been planned in such a way that it will lend itself to different research projects. It is hoped that funds

will become available for the construction and for bacteriologic studies under the direction of Dr. Heinz Eichenwald. It is estimated that the initial investigations would consume two years and it is believed that valuable information would be made available to other institutions where modernization will be necessary. Funds were appropriated for recommended reconstruction on Pavilion M-1. It is anticipated that this will commence during February 1959.

Policies: Provisions for the acceptance of emergency obstetrical patients from city ambulances were in effect during the year, but this arrangement has not been too productive. A relatively small number of emergencies were admitted to the hospital from this source. During the fall of 1958, the Department of Health and several welfare agencies became deeply concerned about overcrowding on the obstetrical services in some of the city hospitals. Following a meeting with representatives from Metropolitan Hospital and the Department of Health, arrangements were made to transfer 16 applicants for antepartum care each week from that city institution to our Out-Patient Department. This plan was put into actual operation in early December 1958 and promises to increase our clinic population. Evaluation of the success of this arrangement awaits further experience during 1959.

It is interesting to reflect on some of our past experiences in relation to our desire to have more patients at this time. In the middle 1930's, approximately two million babies were born in the United States each year, while at the present time the number of newborn slightly exceeds four million. In the middle 1930's we delivered approximately 2,600 patients a year as compared to more than 4,000 annually in the 1950's and yet at that time occupancy on our obstetrical service was considerably higher than it is now. During this same period of time the number of admissions to our gynecological department has more than trebled. Likewise the number of operations performed has similarly increased. This is all the more remarkable in view of the increased complexity of many of the operations performed today.

A careful analysis of our operation during the past year makes me feel that we could increase the obstetrical service to a degree that would enable us to care for nearly five thousand deliveries a year without overcrowding or impairment of patient care. A significant increase is also possible on the gynecologic service. The number of patients on the private service is ade-

quate and the additional patients should be on the pavilion service. The accomplishment of these goals would, of course, demand increased efficiency in the operation of all facilities within the hospital. This would be particularly true of the operating, delivery, labor and recovery rooms, and of the pavilion facilities.

The employment of diagnostic X-rays has been curtailed very considerably during the year. The reduction has been confined largely to patients in their reproductive years and especially during pregnancy. The most significant decrease has occurred in X-ray pelvimetry, flat plates of the abdomen, hysterography and excretory pyelograms. In addition to the reduction in the number of examinations the radiologists have instituted improvements in their facilities and technics which have considerably reduced the amount of energy necessary to obtain a given film. As a result very much less ionizing radiation reaches the maternal and fetal gonads of the clinic population.

Staff Changes: Dr. Ogden F. Conkey, who retired as Associate Attending Obstetrician and Gynecologist in 1952, died in Canton, New York on June 2, 1958. His photograph and a biography appear elsehwere. Dr. Robert C. Knapp, Dr. Robert Melnick, and Dr. Edward C. Mann joined the staff of the hospital as Assistant Attending Obstetricians and Gynecologists on July 1, 1958.

Staff Research and Educational Activities. The long-term habitual abortion study, which is being directed by Dr. Edward C. Mann, is now in its fifth year. To date, over 200 women, all of whom have had at least three consecutive spontaneous abortions, have been intensively investigated both psychologically and gynecologically. While our experience thus far indicates that in the majority of instances the habitual abortion syndrome is emotionally determined and responsive to psychotherapy, there are other contributory causes. Among the most important of these is so-called cervical incompetency, which until recently was poorly understood and virtually undiagnosable. Experimentation with a two-stage intrauterine balloon developed here indicates that this condition correlates closely with isthmic hypotonia in the non-pregnant state. In view of this finding we are now experimenting with an isthmic rather than a cervical operative procedure for the correction of this defect.

To further our understanding of the sphincteric role of the isthmus, the National Institute of Health has helped us to

purchase a cinefluorex unit which takes continuous motion pictures of the balloon studies. This cinefluorographic equipment markedly reduces radiation through an electronic image intensifier and is ideally suited for the visual investigation of intrauterine dynamics.

Collaborating with Dr. Mann in the studies are Drs. Elaine Grimm and William McLarn. Associated with various side studies are Drs. Marie-Louise Schoelly of the Payne Whitney Clinic, David Hayt of the Department of Radiology, and James Warenski of our resident staff.

During 1958, the long-range studies on posterior pituitary substances initiated by Drs. Vincent duVigneaud, R. Gordon Douglas, and Roy W. Bonsnes, were continued by Dr. Thomas Dillon and others. Clinical research was carried out investigating the posterior pituitary hormones as applied to Obstetrics and Gynecology. The action of purified natural and synthetic vasopressin in gynecologic operations was determined and a technic perfected for its use. A study was conducted comparing commercial preparation Pitressin in similar operations. The results indicated that all the preparations have an active hemostatic influence in gynecologic surgery. Significant reduction in blood loss was noted in many operative procedures. All the preparations were utilized without side-effects or complications.

A comparison of the relative efficacy of Pitocin, Syntocinon, and oxytocin for the induction and stimulation of labor was carried out. These are preparations of natural and synthetic oxytocin available commercially, and purified natural oxytocin. All were found to be equally effective for stimulating and inducing labor. Studies relative to milk let-down showed that these same preparations were equally effective in comparable dosages.

An investigation of transbuccal administration of Pitocin for milk let-down and for the induction and stimulation of labor was begun. The initial results indicated that transbuccal administration was effective in stimulating milk let-down and for inducing and stimulating labor. Transbuccal administration is similar to other therapy of this type wherein the tablet is held in the buccal space and replaced as dissolved.

Dr. Roy W. Bonsnes and his associates have completed their part in the research on the use of posterior pituitary hormones in obstetrics and gynecology. They are continuing their studies of blood hydroxycorticoids, electrolyte metabolism, and kidney function in normal and abnormal pregnancy. Sufficient control data will soon be available that will make it possible to draw

some conclusions on the variation of hydroxycorticoids in pregnant diabetic patients. This study is being conducted in collaboration with Dr. Edward Tolstoi of the Department of Medicine and Dr. William Given. Investigations of kidney function have been reinstituted in collaboration with Dr. Robert Knapp. These studies are directed at the evaluation of details which might explain discrepancies in data reported in the literature on kidney function during pregnancy.

Dr. Robert Landesman and his associates continued their studies on sodium 24 clearances from the pregnant cervix during the last month of pregnancy. In most instances good clearance curves were obtained over a period of about twenty minutes. However, the clearance values associated with such complications of pregnancy as hypertensive disease and acute toxemia did not vary significantly from that obtained during normal pregnancy. No explanation is presently available to account for the consistency of the clearance of the isotope irrespective of vascular complications. Therefore, in 1958, a new scintillation counter with an attached stand was obtained. This can be applied directly to the anterior wall of the abdomen just above the pregnant uterus. The isotope, sodium 24, in doses of between 3 and 6 microcuries per milliliter is injected in volumes of ½ milliliter through the anterior abdominal wall directly into the uterus. Satisfactory clearances have been obtained and variations which appear to be of clinical significance have been found thus far in acute toxemia, postmaturity, and during labor. Up to the present time, about 35 such clearances have been performed. The technic has now been standardized, and it is hoped that the study will progress more rapidly during 1959. Dr. Robert Knapp and Miss Nina Baily are also actively engaged in this project. Some radiologic aspects of this research have been supervised and directed by Miss Elizabeth Focht, Physicist to The New York Hospital, and Dr. David Becker, Director of the Radioisotope Laboratory. A scientific exhibit of this work is in preparation and will be shown at the annual meeting of the American College of Obstetricians and Gynecologists in April, 1959.

Dr. Landesman has concluded a study on the use of chlorothiazide in the edema states of pregnancy, and his report has been accepted for publication. He is also continuing to investigate the newer synthesized diuretics in the toxemia clinic. Dr. Landesman also plans to review all patients who have been on reserpine and subsequently subjected to general anesthesia

to see if there has been any serious hypotensive effect during anesthesia.

Dr. Elmer Kramer and Dr. William Davis have been responsible for the operation of the pathology laboratory throughout the year. All surgical specimens from both the obstetrical and gynecological services are processed in this laboratory. Some 979 obstetrical and 4,627 gynecological specimens were submitted to this laboratory for diagnosis. Dr. Kramer has also been conducting a study of pseudomucinous carcinoma of the ovary and an investigation of the structure and function of the omentum and its relationship to ovarian carcinoma.

Dr. E. William Davis has served as consultant to the Youth Consultation Service at Dana House, an institution for the care of girls pregnant out of wedlock. He holds bi-weekly medical conferences with the patients and the staff. During his first year of operation of this service, over fifty patients from Dana House have been cared for in our institution. Dr. Davis has also served as one of the Attendings and Consultants to the Home Delivery Service of the Maternity Center Association. Many of the complicated problems on this service were referred to our hospital. Unfortunately this service was discontinued as of the end of December, 1958.

Dr. Davis has also undertaken a review of pathologic material from cases of malignant mole and choriocarcinoma at this hospital. Some of these cases require reclassification in the light of present knowledge, and it is hoped that the data will be made available for publication during the year 1959. Dr. Davis is also undertaking a study of carcinoma of the endometrium as part of a collaborative investigation of this subject with Dr. Javert of the Woman's Hospital of this city.

Dr. William J. Sweeney has conducted a research program into the use of the new water-soluble radio-opaque material for use in hysterosalpingography. Some 100 cases have been completed. The findings have been recorded and presented at a conference dealing with radio-opaque material. His report will be published during 1959. Dr. Sweeney also initiated an investigation of the treatment of trichomonas vaginalis early in 1958. The results are encouraging, and it is hoped that it may be completed during 1959. With Dr. Bonsnes, Dr. Sweeney is also studying the arterial and venous blood pH during pregnancy and in the non-pregnant state. Dr. Sweeney is also undertaking an anatomic and radiologic research into the anatomy of the interstitial portion of the fallopian tube. His findings to date

indicate that this portion of the oviduct often pursues a very tortuous but varied course through the wall of the uterus.

Dr. Thomas L. Ball served as tour director of a group of physicians and surgeons from the World Medical Organization traveling through Russia, Poland, and Czechoslovakia. Dry and operative clinics were arranged and members of his group operated and worked with surgeons in the various centers visited. Dr. Ball presented an interesting, instructive, and well-illustrated report on his summer experiences at a staff conference.

Many members of the staff of the department have contributed to scientific programs in various parts of this country, Canada, and other foreign lands during the past year.

I should like to express my sincere appreciation to all workers in this department whose loyal devotion to their duties has made it possible to render the best care to our patients. I am grateful for valuable help from Dr. Joseph C. Hinsey, Director of The New York Hospital-Cornell Medical Center, Dr. Henry N. Pratt, Director of The New York Hospital, Dr. August H. Groeschel, Associate Director, Dr. John E. Deitrick, Dean of the Cornell University Medical College, and Mr. Laurence G. Payson, Secretary and Treasurer of The Society of the New York Hospital. The staff is most grateful to the Board of Governors of The Society of the New York Hospital and to the Ladies' Auxiliary to The Society of the Lying-In Hospital for their continued and generous support.

Respectfully submitted,

R. Gordon Douglas, M.D.
Obstetrician and Gynecologist-in-Chief

REPORT OF THE HEAD OF OBSTETRICAL AND GYNECOLOGICAL NURSING SERVICE

To the Board of Governors of

The Society of the New York Hospital

Gentlemen:

I have the honor of presenting the Annual Report of The Lying-In Hospital Nursing Service and Nursing Education for the year 1958.

Patient Care

Special attention has been given this year to the improvement of the patient's environment. Closer cooperation between nursing service and building service has resulted in patient units being kept cleaner and minor repairs having been accomplished more quickly than in the past. Appointed housekeeping supervisors have provided opportunities for the nursing service to obtain more frequent and thorough cleaning service for various parts of patients' units. At this time most of the patient pavilions have been repainted. The medical staff has been equally concerned about the patient's environment and has given wholehearted support to these activities.

Plans for improving nursery facilities are near completion. The nursing supervisory staff has appreciated the opportunity of working closely with the medical staff and architect on reconstruction plans.

Prenatal classes for expectant mothers conducted in the outpatient department have continued to have smaller attendance. However, attendance in "Preparation for Parenthood" classes offered by the in-patient service instructors has continued to rise. Nineteen and one-half per cent of all women delivered here during the year attended the latter classes. About 78.3% of these were private patients and 21% were pavilion patients. Requests for enrollment in these classes have grown from 60 to 75 per month. With such a growing program the classroom space and facilities have been inadequate for some time. Requests to observe in these classes from outside visitors such as physicians, nursing instructors, and graduate nurse field students have continued to exceed the accommodations. Plans for placing classrooms on the roof of the building have been completed but financial support to accomplish this is still needed.

Staffing

The nursing staff had to increase its efforts to maintain sound standards of patient care during the acute nursing shortage in the spring and summer months. The general staff nurses and charge nurses particularly deserve a well-earned compliment for their contribution to patient care. Many hours of patient care during the summer months were provided by nurses who remained on duty for extra hours or, in the case of the labor and delivery unit, placed themselves "on call" in order to help provide adequate patient care.

Staffing coverage on the gynecological pavilions remains the greatest problem. Most nurses coming to this hospital for employment prefer to work with mothers and babies. It is only through the development of a system of temporary nursing assignments of approximately three months duration that these pavilions have met minimal staffing requirements.

Nursing Education

Basic Students. During the last six months of this year the faculty of the department has been revising the curriculum in obstetrical and gynecological nursing. It is hoped that the revised program will be more meaningful and less repetitious. A specific division of hours spent in supervised patient care and in class has been made. This planning will enable students to be less interrupted in giving concentrated patient care and hopefully free students from scattered class periods.

The University of Vermont School of Nursing will terminate its affiliation with the Cornell University-New York Hospital School of Nursing in June 1959. Clinical facilities for obstetrical nursing have been developed near the home school. The Skidmore College of Nursing is continuing affiliation for maternity experience.

Graduate Nurse Field Students. Graduate nurse students from Teachers College, Columbia University, are continuing to have field experience in the department of Obstetrics and Gynecology. In addition seven Boston University field students, one student from McGill University, and one student from the University of Manitoba participated in the summer field student program. Two students from the Teachers College program joined the regular nursing staff for short term employment.

Infant Care Technicians. A cooperative agreement has been established between the nursing service of the Lying-In Hospital

and the nursing service of the New York Foundling Hospital to provide a two week clinical experience in the newborn nurseries for infant care technician students. The New York Foundling Hospital offers a one year training program in the care of children. Twenty-seven of these students had experience in the care of normal newborn infants in the M-1 Nursery.

Student Visitors. Five schools of nursing have requested regular visits to the maternity service, i.e., Brooklyn College; Seton Hall; Holy Name Hospital, Teaneck, N. J.; Hunter College; and St. Catherine's of Brooklyn. One member of the maternity nursing faculty has given considerable time to the arrangement of a tour and educational conference for these groups. The nursing service welcomes these outside visitors since this not only provides an educational experience for the students but also gives nursing service the opportunity to recruit nurses.

Special Project

For the past three years plans have been in progress for developing a demonstration center in maternity care concepts and practices at The New York Hospital. This special project was financed for a one year period by the New York State Department of Health. During this time Miss Vera Keane, Assistant Professor in Maternity Nursing and Instructor in Parent Education was released from her usual assignment to act as director of the project. As a first step an evaluation of nursing service in all areas was made. A liaison nursing supervisor was also appointed to explore special problems in continuity of patient care. The Director of the project assisted this appointee in the development of liaison functions which extend to the pediatric in-patient service, well-baby clinic, maternity out-patient department, social service, the Visiting Nurse Service of New York, and the Visiting Nurse Association of Brooklyn, as well as between units within the maternity and gynecological service. In June a two week Workshop in Parent Education was conducted by the director with the assistance of a committee representing the Children's Bureau, New York State Department of Health, Child Study Association of America, and the Cornell University Medical School and Cornell University-New York Hospital School of nursing faculties.

Special Contributions

Several members of the nursing faculty have represented the school of nursing and nursing service at special institutes and

conferences on maternity nursing throughout the country. These programs have been sponsored by such groups as the American Hospital Association, the National League for Nursing, the University of Minnesota, and the University of Texas.

I wish to take this opportunity to express the gratitude of the nursing service to Dr. R. Gordon Douglas, Obstetrician and Gynecologist-in-Chief, for his interest and support in nursing problems. Also to Miss Muriel Carbery, Director of Nursing Service and Dean of the School of Nursing, for her support in our experimentations with supervisory and head nurse functions, and to Mrs. Margaretta Treherne-Thomas for the increasing volunteer services to the Lying-In Hospital.

Respectfully submitted,

Audrey M. McCluskey
Head of Obstetrical and Gynecological Nursing Service

REPORT OF THE PRESIDENT OF THE LADIES' AUXILIARY

To the Board of Governors of
THE SOCIETY OF THE NEW YORK HOSPITAL

GENTLEMEN:

I hereby present to you the Annual Report of the Ladies' Auxiliary to The Society of the Lying-In Hospital.

Our very important activity, the Babies' Alumni, has continued to thrive under Mrs. Robert Grier's chairmanship, until her much deplored resignation this Fall. We have been more than fortunate, however, to have the project taken over most successfully by Mrs. Fred Gowen and Mrs. Elmer Kramer. The final results for 1958 are—2,151 new registrations, as compared with 2,260 in 1957 but totalling $4,268.10, an increase of $251.60. The renewals in 1958 came to 2,929, 185 more than the previous year and totalling $5,818.75, again an increase of $478.75. Twenty-nine donations amounted to $90.00 bringing the grand total to $10,176.85 as against last year's figures of $9,448.50.

We are most grateful to Mrs. Graham Hawks for her work which increased the receipts of the Babies' Class from $382.00 in 1957 to $522.00. The layettes have been the responsibility of Mrs. Frank Polk who reports that seven large and two small layettes have been given out.

We are again much in the debt of Station WOR for their donation of 75 layettes this Christmas.

Our grateful thanks to our ever efficient Treasurer, Mrs. Paul Pryibil, for her superb handling of our finances.

We have again participated in the United Hospital Fund drive and have raised $4,837.50 towards our goal of $5,603. This included $95.62 from Box Week.

The Board also thanks the Danziger Fund for their renewed grant of $125.00 for orthopedic appliances.

Our good fortune is great indeed in having such a splendid staff under the leadership of Mrs. Virginia T. Kinzel. We thank them for their devoted work throughout the past year.

We are more than grateful to the Board of Governors for their invaluable financial assistance in meeting our budget.

Respectfully submitted,

A. ROUTH VON HEMERT, *President*

LADIES' AUXILIARY
TO
THE SOCIETY OF THE LYING-IN HOSPITAL

Statement of Cash Receipts and Cash Disbursements of the Treasurer for the Year Ended December 31, 1958

Cash Balance, January 1, 1958 (including General Fund with Treasurer of Ladies' Auxiliary $1,000 and the Abraham L. Danziger Fund $48.00)....			$ 2,780.46
Receipts:			
Dues:			
Patron	$ 400.00		
Contributing	475.00		
Sustaining	560.00	$ 1,435.00	
Donations:			
United Hospital Fund (including Greater New York Fund)	$ 7,435.07		
The Society of the New York Hospital	7,000.00		
Abraham L. Danziger Fund	125.00		
Other	69.50	14,629.57	
Babies' Alumni—Dues		10,157.35	
Babies' Class—Dues		522.00	
Payments by Patients:			
Cash Relief		3.50	26,747.42
Total Receipts			$29,527.88
Disbursements:			
Salaries:			
Professional Staff	$20,484.33		
Clerical Staff	4,851.50	25,335.83	
Supplies and Expense		1,763.99	
Medical Relief		81.02	
Transportation of Patients		14.46	
Advances to Patients:			
Cash Relief		48.03	
Purchase of Equipment for Patients from Abraham L. Danziger Fund		149.50	
Total Disbursements			$27,392.83
Cash Balance, December 31, 1958 (including General Fund with Treasurer of Ladies' Auxiliary $1,000 and the Abraham L. Danziger Fund of $23.50)..			$ 2,135.05

Respectfully submitted,

Helen Porter Pryibil, *Treasurer*

LADIES' AUXILIARY

TO

THE SOCIETY OF THE LYING-IN HOSPITAL

1959

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Mrs. Elmer Kramer . . . . . *Vice President*
Mrs. Paul Pryibil . . . . . *Treasurer*
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Mrs. Graham G. Hawks . . . . . *Corresponding Secretary*

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Mrs. Graham G. Hawks . . . . . *Chairman of Babies' Class*
Mrs. Paul Pryibil . . . . . *Chairman of Ways and Means*

LADIES' AUXILIARY

TO

THE SOCIETY OF THE LYING-IN HOSPITAL

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Mitchell, Mrs. Clarence Van S.
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Morgan, Mrs. Henry S.
Morgan, Mrs. Junius S.
Pennoyer, Mrs. Paul G.
Pierce, Mrs. Palmer E.
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ENDOWED BEDS

1895 Mr. and Mrs. George G. Williams. *In Memory of* Mrs. Robert L. Stuart
1902 Anna Woerishoffer. *In Memory of* Antoinette, Countess Seilern
1912 Mrs. George P. Eustis. *In Memory of her mother*, Lucy Morgan Street
1912 Anna Woerishoffer. The Anna Woerishoffer Bed
1914 Lilla Gaites. The Marie Stuart Bed
1916 Henry Clay Frick
1928 Estate of Henri D. Dickinson. *In Memory of* Ida May Dickinson

REPORT OF THE DIRECTOR OF SOCIAL SERVICE

To the Board of Governors of

THE SOCIETY OF THE NEW YORK HOSPITAL

GENTLEMEN:

I take great pleasure in presenting the Annual Report of the Social Service Department of the Lying-In Hospital for the year 1958.

Increased activity in all areas characterized the work of the Social Service Department this year. Some of the significant statistics are compared with the previous year in the table below:

	1957	1958
Total cases for year	749	881
New cases for year	652	771
Case work interviews	6,635	8,419
Over all interviews	9,977	10,879
Unmarried mothers receiving service	164	271
Referrals from private physicians	60	65

Despite great pressure caused by the accelerated activity, the staff has responded in a most commendable way. The essence of social work in any field is an individualized approach. There is no short cut, for instance, to helping the young couple with a serious marital problem or the mother who must accept the fact that she has to undergo heart surgery during her pregnancy. This imposes definite limits in case load if a high standard is to be maintained.

The marked increase in the number of unmarried mothers who have been referred to us is notable. Ten years ago, in 1948, we assisted 70 unmarried mothers; five years ago, in 1953, we helped 98; and this year, as indicated above, the number was 271. Part, but not all of the larger number, may be attributed to our close working relationship with Dana House, the maternity shelter opened this year by the Youth Consultation Service.

The greatest number of referrals for case work service—255—came from our medical staff. Other sources were as follows: nursing staff, 107; patient's family, 165; registrars, 112; clinic personnel, 17; social agencies, 94; screening, 7; other, 14.

The volunteers working for our Babies' Alumni Fund again earned our sincere gratitude by their untiring activity and successful accomplishment.

We wish to thank the Danziger Fund for its grant for the purchase of orthopedic appliances, and the WOR Children's Fund for the donation of 75 layettes.

We welcome this opportunity to express our warm appreciation of the unfailing help and cooperation offered us during the year by the Ladies' Auxiliary Board, the Administration, and our co-workers throughout the hospital.

Respectfully submitted,

Virginia T. Kinzel
Director of Social Service

PATRONS AND BENEFACTORS

A donor subscribing at one time to the funds of the Society the sum of five thousand dollars becomes a patron of the Society, and a person so subscribing the sum of five hundred dollars becomes a benefactor of the Society.

PATRONS

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DISTRIBUTION OF BEDS

OBSTETRICAL	*Adult*		*Bassinets*	
Private	16		16	
Semiprivate	39		28	
Pavilion	72	127	58	102
GYNECOLOGICAL				
Private	10			
Semiprivate	26			
Pavilion	43	79		
Total Adult Beds		206		
Total Bassinets		102		
Total		308		

DISCHARGES

OBSTETRICAL (Adults)			
Private	696		
Semiprivate	1,994		
Pavilion	2,624	5,314	
GYNECOLOGICAL			
Private	339		
Semiprivate	1,150		
Pavilion	967	2,456	7,770
NEWBORN			4,373
INFANT BOARDERS			11
Total			12,154

SUMMARY OF OBSTETRICAL AND GYNECOLOGICAL SERVICES

September 1, 1932–December 31, 1958

TOTAL NUMBER	
* Obstetrical adult patients	120,493
* Infants	99,397
Gynecological patients	42,530
Grand Total	262,420

* Includes John E. Berwind Free Maternity Service operated by this department from September 1, 1932 to May 1, 1942.

STATISTICS
OBSTETRICAL DEPARTMENT
January 1, 1958–December 31, 1958

TOTAL DISCHARGES	*Number*	*Per Cent of 5,314 Adult Discharges*
†*Abortion, operative	389	7.3
Abortion, spontaneous	47	0.9
Premature operative delivery	125	2.4
Premature spontaneous delivery	184	3.5
Full term operative delivery	1,520	28.6
Full term spontaneous delivery	2,493	46.9
Ectopic pregnancy (17 tubal)	17	0.3
Hydatidiform mole, benign	1	0.02
Choriocarcinoma	2	0.04
Discharge before delivery	433	8.1
Postpartum (within 6 weeks)	85	1.6
Postpartum (after 6 weeks)	17	0.3
Died undelivered	1	0.02
Infant boarders	11	
Total	5,325	
RACE (Pregnancies)		
White	4,329	90.6
Colored	448	9.4
Total	4,777	100.0

PRESENTATION (Full Term and Premature Deliveries)	*Number*	*Per Cent*
Vertex	4,126	95.5
Breech	156	3.6
Brow	5	0.1
Face	11	0.3
Transverse	9	0.2
Compound	6	0.1
Oblique	3	0.1
Not known	6	0.1
Total	4,322	100.0

* In this report weight is the standard for classification of infants as follows:

	Weight in Grams
Abortion	Less than 500
Premature infant	500–2499
Full Term infant	2500 and over

† There were 4 additional fetal deaths under 500 grams to the total abortions in this table. Two represent the second of twin abortions, the other 2 the second twin of abortion weight, where the other twin weighed over 500 grams.

OPERATIONS (Full Term and Premature Deliveries)	*Number*		*Per Cent of Total Deliveries*	
Forceps				
Low	610		14.1	
Low-Mid	536		12.4	
Mid	120		2.8	
High	4	1,270	0.1	29.4
Forceps, rotation instigated only		1		0.02
Breech with forceps to after-coming head		25		0.6
Breech extraction		15		0.3
Breech with MSV maneuver		69		1.6
Decomposition of compound presentation and extraction		1		0.02
Version and extraction (3 on second twin)		4		0.1
Manipulation prolapsed arm		1		0.02
Manual extraction of shoulders		1		0.02
Manual removal of placenta		66		1.5
Cesarean Section:				
Classical	15		0.3	
Low cervical	172		4.0	
Extraperitoneal	1		0.02	
Radical (hysterectomy)	4	192	0.1	4.4
Total Operative Deliveries		1,645		38.1
Episiotomy (spontaneous and operative deliveries)		3,422		79.2
Repair of third degree laceration (spontaneous and operative deliveries)		230		5.3

INDICATIONS FOR CESAREAN SECTION	*Number*		*Per Cent of Cesarean Sections*	
Contracted Pelvis and Mechanical Dystocia				
Fetopelvic disproportion	27		14.1	
Contracted pelvis	8		4.2	
Presentation (5 transverse, 5 breech, 1 prolapsed arm)	11		5.7	
Dystocia due to tumor	3		1.6	
Previous vaginal plastic	3		1.6	
Previous amputation of cervix	1		0.5	
Previous Lash or Shirodkar procedures	3		1.6	
Previous operations on uterine and vaginal anomalies	4		2.1	
Excessive size infant	1		0.5	
Prolonged labor (postmaturity and ESI)	1		0.5	
Locked twins	1	63	0.5	32.8

INDICATIONS FOR CESAREAN SECTION—*Continued*	*Number*		*Per Cent of Cesarean Sections*	
Toxemia				
Severe preeclampsia, renal and hypertensive disease		1		0.5
Previous cesarean section		74		38.5
Previous myomectomy		5		2.6
Hemorrhage				
Placenta previa	7		3.6	
Premature separation of placenta	5		2.6	
Placenta previa and premature separation	1	13	0.5	6.8
Intercurrent Disease				
Diabetes		4		2.1
Miscellaneous				
Elderly primipara	16		8.3	
Prolapsed cord	2		1.1	
Fetal distress	9		4.7	
Failed forceps	2		1.0	
Primiparous breech with portal hypertension, esophageal varices postsplenectomy, postgastrectomy	1		0.5	
Abnormal fear of vaginal delivery	1		0.5	
Grandmultiparity	1	32	0.5	16.7
Total Indications		192		100.0

INCIDENCE OF CESAREAN SECTION

Total	4.4%
Private	5.7%
Pavilion	3.2%

OBSTETRICAL COMPLICATIONS

IN TOTAL DELIVERIES	*Number*	*Per Cent*
Placenta previa	17	0.4
Premature separation of placenta	42	1.0
Placenta previa and premature separation	1	0.02
Suspected marginal sinus rupture	7	0.2
First trimester bleeding	359	8.3
Second trimester bleeding	91	2.1
Third trimester bleeding	175	4.0
Rupture of uterus (previous C. S.)	1	0.02
Defects in previous uterine scars	10	0.2
Postpartum hemorrhage (C. S. excluded)	82	2.0

OBSTETRICAL COMPLICATIONS—*Continued*

IN TOTAL DELIVERIES	*Number*	*Per Cent*
Puerperal bleeding	52*	1.2
Contracted pelvis	90	2.1
Prolonged labor	28	0.6
Prolapsed cord	15	0.3
Fetal distress	268	6.2
Incarceration of uterus	1	0.02
Cervix clamped around head during labor	1	0.02
Locked twins	1	0.02
Rupture of membranes (64 days)	1	0.02
IN TOTAL PREGNANCIES (Deliveries and Abortions)		
Toxemia Total	244	5.1
Antepartum eclampsia	1	0.02
Postpartum eclampsia	2	0.04
Severe preeclampsia	15	0.3
Mild preeclampsia	120	2.5
Hypertensive disease and severe preeclampsia	3	0.06
Hypertensive disease and mild preeclampsia	18	0.4
Hypertensive disease	76	1.6
Renal disease and mild preeclampsia	2	0.04
Renal, hypertensive disease and severe preeclampsia	1	0.02
Renal, hypertensive disease and toxemia, unclassified	1	0.02
Renal disease and hypertensive disease	3	0.06
Unclassified	2	0.04
Antepartum infection	5	0.1
Intrapartum infection (19 among abortions)	27	0.6
Febrile postpartum course	74	1.5
—puerperal infection	42	0.9
—mastitis	3	0.06
—pyelitis	5	0.1
—intercurrent disease (8 urinary, 5 respiratory infections, 5 other)	18	0.4
—other	6	0.1
One day fever	161	3.4
Non-suppurative mastitis	9	0.2
Anemia		
Antepartum (Hemotocrit under 35)	401	8.4
Postpartum (Hematocrit under 35)	656	13.7

* Includes 32 postpartum admissions, whether or not delivered here.

OBSTETRICAL COMPLICATIONS—*Continued*

IN TOTAL PREGNANCIES (Deliveries and Abortions)—*Continued*	*Number*	*Per Cent*
Thrombophlebitis		
Antepartum	5	0.1
Postpartum	51	1.1
Hydramnios	23	0.5
Vaginal or perineal hematomas	12	0.3
Avulsion of portion of cervix	1	0.02
Wound infection (abdominal)	3	0.06
Wound dehiscence (abdominal, superficial)	2	0.02
Infected episiotomy	10	0.2
Separation of episiotomy	11	0.2
Paralytic ileus	2	0.04
Intestinal obstruction	1	0.02
Peritonitis (appendicitis)	1	0.02
Septicemia	3	0.06
Puerperal psychosis	4	0.08
Atelectasis, A. P	2	0.04
Tachycardia	2	0.04
Severe laryngospasm	2	0.04
Unexplained seizure during episiotomy repair	1	0.02

PREVIOUS CESAREAN SECTION BY OUTCOME OF PREGNANCY

DELIVERIES	*Full Term*	*Premature*	*Total*	*Per Cent of Previous C.S.*
Cesarean Section	70	4	74	56.9
Vaginal Operative	33	7	40	30.8
Spontaneous	13	3	16	12.3
Total	116	14	130	100.0
ABORTIONS			18	
Total Previous C. S.			148	

ANTEPARTUM AND CONCURRENT CONDITIONS

IN TOTAL PREGNANCIES (Deliveries and Abortions)	*Number*	*Per Cent*
GYNECOLOGIC		
Myoma	99	2.1
Ovarian cyst	29	0.6
Endometriosis or history of endometriosis	13	0.3
History of carcinoma of cervix in situ	4	0.1
Cervical polyp	41	0.9
Cystic cervix	60	1.3
Bartholin's duct cyst	6	0.1
Condylomata	2	0.04
Vaginal inclusion cyst	5	0.1
Other gynecologic tumors	26	0.5
Lacerated cervix	218	4.6
Incompetent cervical os	8	0.2
Cystocele	197	4.1
Rectocele	128	2.7
Rectovaginal fistula	2	0.04
Vulval varicosities	59	1.2
Bicornuate uterus	13	0.3
Other uterine anomaly (3 double, 1 cordiform, 1 arcuate, 1 septate)	6	0.1
Vaginal septum	3	0.1
Double vagina	1	0.02
Chronic cervicitis	41	0.9
Other gynecologic disease	170	3.6
MEDICAL (Except Gynecologic Disease)		
Circulatory		
Heart disease	121	2.5
Potential or probable heart disease	11	0.2
Portal hypertension with esophageal varices	1	0.02
Coarctation of aorta	1	0.02
Hemorrhoids	99	2.1
Varicose veins (not vulval)	168	3.5
Other circulatory	85	1.8
Respiratory		
Tuberculosis, pulmonary total	61	1.3
Active	4	0.1
Inactive	55	1.2
Questionable activity	2	0.04
Bronchiectasis	4	0.1
Pneumonia (A. P.)	8	0.2
Atelectasis	2	0.04
Asthma	40	0.8
Bronchitis	19	0.4

ANTEPARTUM AND CONCURRENT CONDITIONS—*Cont'd*

IN TOTAL PREGNANCIES (Deliveries and Abortions)—*Continued*

MEDICAL (Except Gynecologic Disease)—*Continued*

	Number	*Per Cent*
Respiratory—Continued		
Previous lobectomy	6	0.1
Previous pneumothorax	2	0.04
Upper respiratory infection	48	1.0
Other respiratory	35	0.7
Digestive		
Appendicitis	2	0.04
Ulcerative colitis or history of	4	0.1
Hernia, total	15	0.3
Umbilical	8	0.2
Ventral	1	0.02
Incisional	1	0.02
Diaphragmatic	1	0.02
Inguinal	4	0.1
Infectious hepatitis	2	0.04
Acute pancreatitis with abscess	1	0.02
Cholecystitis	12	0.3
Gastroenteritis	7	0.1
Gastric ulcer or history of gastric ulcer	13	0.3
Dental caries	30	0.6
Other digestive	22	0.5
Urinary		
Chronic renal disease	17	0.4
Acute renal shutdown (septic abortion)	1	0.02
Calculus	9	0.2
Anomaly of kidney or ureter	3	0.1
Pyelitis, antepartum	28	0.6
Cystitis	9	0.2
Other urinary tract infection		
Antepartum	12	0.3
Postpartum	129	2.7
Other urinary	17	0.4
Blood and Blood-Forming Organs		
Abnormal bleeding tendency	1	0.02
Previous splenectomy for thrombocytopenia and congenital hemolytic anemia	4	0.1
Transmission of blood dyscrasia to infant, or history of	3	0.1
Thrombocytopenic purpura	1	0.02
Iron deficiency anemia—severe	2	0.04
Hypofibrinogenemia	2	0.04
Sickle cell anemia	2	0.04
Cooley's anemia	2	0.04
Others	4	0.1

ANTEPARTUM AND CONCURRENT CONDITIONS—*Cont'd*

IN TOTAL PREGNANCIES (Deliveries and Abortions)—*Continued*

MEDICAL (Except Gynecologic Disease)—*Continued*

	Number	*Per Cent*
Endocrinological and Nutritional		
Diabetes	25	0.5
Postoperative to adrenalectomy	1	0.02
History of Stein-Leventhal syndrome	1	0.02
Hormone stimulated cycle	1	0.02
Addison's disease	1	0.02
Previous thymectomy	1	0.02
Adrenogenital syndrome	1	0.02
Diseases of thyroid or previous thyroidectomy	83	1.7
Obesity	30	0.6
Excessive weight gain	41	0.9
Others	5	0.1
Mental, Nervous and Sense Organs		
Mental disease	14	0.3
Cerebral palsy	1	0.02
Epilepsy	16	0.3
Multiple sclerosis	3	0.1
Previous cerebrovascular accident	3	0.1
Bell's palsy	3	0.1
Myasthenia gravis	2	0.04
History of poliomyelitis	14	0.3
Neurosis, anxiety	19	0.4
Other nervous	19	0.4
Previous enucleation of eye for retinoblastoma	1	0.02
Diseases of eye and ear	20	0.4
Cancer and Other Tumors		
Cancer [currently active 2 (1 breast, 1 malignant melanoma of eye), post-operative 10]	12	0.3
Boeck's sarcoid	1	0.02
Nevi, sebaceous cyst etc. of skin	26	0.5
Other non-malignant tumors	23	0.5
Skin		
Lupus erythematosus	4	0.1
Herpes gestationis	2	0.04
Psoriasis	4	0.1
Dermatitis, acne, etc	62	1.3
Vitiligo of hands	1	0.02
Others of skin	22	0.5

ANTEPARTUM AND CONCURRENT CONDITIONS—*Cont'd*

IN TOTAL PREGNANCIES (Deliveries and Abortions)—*Continued*

MEDICAL (Except Gynecologic Disease)—*Continued*

	Number	*Per Cent*
Bone and Muscles		
Congenital dislocation of hip	3	0.1
Other congenital deformities	7	0.1
Kyphoscoliosis	2	0.04
Scoliosis	4	0.1
Arthritis	14	0.3
Previous fracture of pelvis	3	0.1
Others of bone and muscle	25	0.5
Miscellaneous Diseases		
Measles	1	0.02
Fever and rash, unknown etiology	1	0.02
Rubella	12	0.3
Mumps	2	0.04
Syphilis, or history of syphylis	19	0.4
Drug addiction or history of drug addiction	2	0.04
Tuberculosis, non-pulmonary	4	0.1

SURGERY COMPLICATING PREGNANCY

DURING PREGNANCY

Exploratory laparotomy and myomectomy	2
Exploratory laparotomy	6
Exploratory laparotomy and nephrectomy	1
Exploratory laparotomy and transverse colostomy	1
Splenectomy	1
Appendectomy	7
Salpingectomy (simultaneous tubal and intrauterine pregnancy; latter went on to term, survived)	1
Subtotal gastric resection	1
Lysis of adhesions	2
Posterior fossa craniotomy, exploration and ventricular drainage	1
Enucleation of eye (malignant melanoma)	1
Radical mastectomy	1
Thyroidectomy	7
Reposition of incarcerated uterus and insertion of pessary	1
Abdominal amniotomy	2
Repair of incompetent cervical os	5
Mitral valvulotomy	2
Excision benign tumors of breast	4
Posterior colpotomy	1
Hymenotomy	1
Aspiration cul-de-sac	2
Excision Bartholin's duct cyst	1

SURGERY COMPLICATING PREGNANCY—*Continued*

DURING PREGNANCY—*Continued*

Incision and drainage Bartholin's duct abscess	2
Incision and drainage of other abscess	2
Incision and drainage of pilonidal sinus	1
Excision hydradenoma of neck	1
Cervical polypectomy	1
Biopsy of cervix	2
Biopsy of vagina	1
Cauterization of condylomata	1
Excision nevi	3
Thoracentesis	1
Stripping of varicose veins	1
Others (minor)	8
Total	75

AT TERMINATION OF PREGNANCY

AT CESAREAN SECTION

Hysterectomy (2 total, 2 subtotal)	4
Myomectomy	5
Resection of ovarian cyst	3
Appendectomy	55
Unilateral salpingo-oophorectomy	1
Lysis of adhesions	2
Repair umbilical hernia	1
Repair uterine defect	1
Excision of abdominal scar	2
Repair rent in bladder	1
Resection round ligament	1
Tubal sterilization	18

AT TERMINATION OF ECTOPIC PREGNANCY

Salpingectomy	7
Salpingectomy and oophorectomy (tuboplasty in one)	2
Salpingectomy and appendectomy (tuboplasty in two)	5
Salpingectomy and biopsy of ovary	1
Salpingectomy and lysis of adhesions	1
Salpingectomy and cervical polypectomy	1

NOTE: The following procedures were performed in some of the above cases prior to laparotomy:

D & C	3	Aspiration of cul-de-sac	2
Colpotomy	3		

AT OTHER ABORTION

Tubal sterilization (in 3 of a total of 10 therapeutic abortions)	3
Appendectomy (in one of above)	2

SURGERY COMPLICATING PREGNANCY—*Continued*

AT TERMINATION OF PREGNANCY—*Continued*

Exploratory hysterotomy and lysis of adhesions	1
Suspension of uterus and biopsy of uterine wall	1
Total hysterectomy, bilateral S & O, biopsy tumor implants, rectal and vaginal walls (later thoracentesis, and death—choriocarcinoma)	1
Vaginal hysterectomy and posterior colporrhaphy	1
Cervical polypectomy	4
Biopsy of cervix	21
Aspiration of cul-de-sac	2
Insertion of pessary	1
Hemorrhoidectomy and excision of anal fistula	1
AT VAGINAL DELIVERY	
Cervical repair	34
Total	183

IN THE POSTPARTUM PERIOD

Total hysterectomy, appendectomy and repair of ventral hernia	1
Exploratory laparotomy, cholecystectomy, I & D of pancreatic abscess and biopsy of liver	1
Resection ovarian cyst (twisted with rupture and appendectomy)	1
Exploratory laparotomy, unilateral S & O, drainage of pelvis through stab wound	1
Exploratory laparotomy	1
Exploration of right kidney and pyeloplasty	1
Tubal sterilization (excision of previous laparotomy scar in one)	25
Repair of superficial abdominal wound separation	1
Appendectomy	15
Evacuation of vaginal and perineal hematomas	7
Amputation of avulsed portion of cervix	1
Excision rectovaginal fistula	1
Cervical repair	4
Excision of vaginal cyst	4
Secondary repair of episiotomy	11
Dilatation and curettage	36
Curettage or evacuation of uterus	3
Tamponade of uterus	4
Exploration of uterine cavity	3
Excision of cyst of cervix	1
Repair of perineal or vaginal lacerations	7
Biopsy of cervix	3
Slight dilatation of cervix and aspiration of uterus	1
Excision of rectal polyp	1
Hemorrhoidectomy	1
Excision of abdominal lymph node	1
Excision of lipoma of axilla	1

SURGERY COMPLICATING PREGNANCY—*Continued*

IN THE POSTPARTUM PERIOD—*Continued*

Excision of breast nodule	1
Excision of cyst of ear	1
Excision of cyst of leg	1
Excision of giant cell tumor of finger	1
Excision of nevi of vulva or perineum	10
Excision other nevi	16
Incision and drainage of abscess of breast	33
Incision and drainage of abscess of axilla	1
Incision and drainage of Gartner's duct cyst	1
Incision and drainage of abscess of buttocks or perineum	3
Indirect laryngoscopy and biopsy of larynx	1
Thoracentesis	1
Bronchoscopy	1
Extraction of teeth	4
Total	212

NON-OPERATIVE PROCEDURES AMONG PATIENTS WHO DELIVERED

	Number	*Per Cent of Total Deliveries*
Induction without pitocin	20	0.5
Induction with pitocin	226	5.2
Induction—rupture of membranes	204	4.7
Stimulation of labor with pitocin	367	8.5
Cystoscopy	3	0.1
Vaginal examination—intrapartum	2,644	61.2
Exploration of uterine cavity at delivery	86	2.0
Transfusions (number of patients receiving transsions*)	134	3.1

* The total number of obstetrical patients receiving transfusions was 215.

ANTEPARTUM DISCHARGES

PRIMARY REASON FOR ADMISSION

OBSTETRICAL COMPLICATIONS	*Number*	*Per Cent of Antepartum Discharges*
False Labor	133	30.6
Antepartum bleeding (1st trimester, 7; 2nd, 4; 3rd, 19)	30	6.9
Question of placenta previa, or premature separation of placenta	5	1.2
Threatened abortion	63	14.5

ANTEPARTUM DISCHARGES—*Continued*

PRIMARY REASON FOR ADMISSION—*Continued*

OBSTETRICAL COMPLICATIONS—*Continued*	*Number*	*Per Cent of Antepartum Discharges*
Premature rupture of membranes	22	5.1
For consideration of induction	4	0.9
Induction—unsuccessful	8	1.8
Toxemia or suspected toxemia	11	2.5
Vomiting	15	3.5
Edema	2	0.5
Diagnosis of intrauterine pregnancy	3	0.7
Thrombophlebitis	3	0.7
Evaluation of habitual abortion	1	0.2
GYNECOLOGICAL COMPLICATIONS		
Operative		
Major abdominal	5	1.2
Minor (includes 2 repairs of incompetent cervical os)	8	1.8
Non-Operative		
Examination under anesthesia	5	1.2
Traumatic hematoma of labia	1	0.2
Degenerated myoma	2	0.5
Condylomata accuminata of vagina	1	0.2
Potassium permanganate burn of vagina	1	0.2
MEDICAL AND SURGICAL COMPLICATIONS (Excluding Gynecological Disease)		
Operative		
Major abdominal	4	0.9
Major, non-abdominal	5	1.2
Minor	5	1.2
Non-Operative		
Portal hypertension with esophageal varices	1	0.2
Evaluation of cardiac status	1	0.2
Cardiac failure	2	0.5
Cardiac disease with respiratory complications	4	0.9
Influenza	1	0.2
Pneumonia	1	0.2
Tuberculosis or question of tuberculosis	3	0.7
Asthma	1	0.2
Unexplained dyspnea	1	0.2
Epistaxis	1	0.2

ANTEPARTUM DISCHARGES—*Continued*

PRIMARY REASON FOR ADMISSION—*Continued*

MEDICAL AND SURGICAL COMPLICATIONS (Excluding Gynecological Disease) —*Continued*	*Number*	*Per Cent of Antepartum Discharges*
Non-Operative—Continued		
Severe upper respiratory infection	4	0.9
Fever, unknown etiology	1	0.2
Pyelitis	14	3.2
Ureteral or renal calculus	3	0.9
Chronic nephritis	2	0.5
Ureteral colic	1	0.2
Hydronephrosis	1	0.2
Proteinuria, unknown etiology	1	0.2
Evaluation renal function	3	0.9
Other urinary tract infection	2	0.5
Ulcerative colitis	1	0.2
Gall bladder disease	1	0.2
Irritable colon	1	0.2
Chronic ileitis	1	0.2
Gastroenteritis	11	2.5
Anemia (postsplenectomy)	1	0.2
Diabetes (1 with hydramnios)	8	1.8
Acute facet syndrome	1	0.2
Undiagnosed pain	17	3.9
Hysteria with convulsions (2 admissions, same patient)	2	0.5
Others	5	1.2
Total	434	100.0

POSTPARTUM ADMISSIONS

PRIMARY REASON FOR ADMISSION

	Number	*Per Cent of Postpartum Admissions*
Exploratory laparotomy, unilateral S & O, drainage of pelvis	1	0.9
Evacuation of uterus	1	0.9
Puerperal bleeding, dilatation and curettage performed	30	29.1
Puerperal bleeding, other	1	1.0
Abdominal pain, unknown etiology after ectopic pregnancy	1	1.0
Upper respiratory infection	1	1.0
Admitted immediately after delivery or abortion	17	16.5
Puerperal infection, febrile	5	4.9
Mastitis, febrile	4	3.9

POSTPARTUM ADMISSIONS—*Continued*

PRIMARY REASON FOR ADMISSION—*Continued*

	Number	*Per Cent of Postpartum Admissions*
Pyelitis, febrile	2	1.9
Urinary tract infection	1	1.0
Breast abscess	32	31.1
Other abscess	2	1.9
Endometritis, parametritis	2	1.9
Thrombophlebitis	1	1.0
Evaluation of patient with diagnosis of malignant hydatidiform mole (on previous admission)	1	1.0
Chorioadenoma destruens	1	1.0
Total	103	100.0

PERINATAL MORTALITY BY CAUSE OF DEATH, TIME OF DEATH, AND BY BIRTH WEIGHT—1958

Cause of Death	Before Labor				During Labor				Neonatal				Total			
	500-999	1000-2499	2500+	Total	500-999	1000-2499	2500+	Total	500-999	1000-2499	2500+	Total	500-999	1000-2499	2500+	Total
Anoxia																
Premature separation of the placenta	..	..	..	..	..	2	..	2	..	..	..	..	..	2	..	2
Cord—prolapse	..	1	..	1	..	1	1	2	..	..	..	..	..	2	1	3
Premature rupture of membranes 64 days prior to onset of labor	..	1	..	1	..	..	..	..	..	..	..	..	..	1	..	1
No Abnormal State—Maternal Complication																
Diabetes	..	1	..	1	..	..	..	..	..	1	2	3	..	2	2	4
Birth Injury	..	..	..	..	..	..	..	..	..	..	1	1	..	..	1	1
Malformation	..	..	..	..	1	3	..	4	1	6	5	12	2	9	5	16
Abnormal Pulmonary Ventilation																
Atelectasis with hyaline membrane	..	..	..	..	1	..	..	1	3	5	1	9	4	5	1	10
Atelectasis without hyaline membrane	1	1	..	2	..	1	1	2	11	12	1	24	12	14	2	28
Aspiration of amniotic fluid	..	..	2	2	..	..	..	..	..	1	..	1	..	1	2	3
Interstitial emphysema	..	..	..	..	..	..	..	..	1	..	1	2	1	..	1	2
Respiratory failure	..	..	..	..	..	..	..	..	..	1	..	1	..	1	..	1
Infection																
Septicemia	..	..	..	..	..	..	..	..	..	2	..	2	..	2	..	2
Pneumonia	..	..	..	..	..	..	..	..	1	1	1	3	1	1	1	3
Erythroblastosis and Other Blood Incompatibility	1	1	3	5	..	..	1	1	..	1	2	3	1	2	6	9
Other Conditions or Causes																
Intracranial hemorrhage	..	1	..	1	1	..	..	1	2	5	1	8	3	6	1	10
Multiple hemorrhages	..	2	..	2	..	..	..	..	..	2	..	2	..	4	..	4
Bleeding tendency	..	..	..	..	..	..	..	..	..	1	..	1	..	1	..	1
Prematurity	..	..	..	..	1	1	..	2	6	3	..	9	7	4	..	11
Macerated, no cause determined	8	10	6	24	..	..	..	..	..	..	..	..	8	10	6	24
No cause determined	..	..	1	1	..	..	2	2	..	..	1	1	..	..	4	4
TOTAL	10	18	12	40	4	8	5	17	25	41	16	82	39	67	33	139

LIVE BIRTHS, DEADBORN AND TOTAL BIRTHS, NEONATAL AND TOTAL DEATH RATES PER 100

1958

BY BIRTH WEIGHT IN GRAMS
(Including Twins and Triplets)

Weight in Grams	*Live Births*	*Neonatal Deaths*	*Neonatal Death Rate Per 100 Live Births*	*Deadborn*	*Total Births (Live and Deadborn)*	*Total Deaths (Neonatal and Deadborn)*	*Total Death Rate Per 100 Total Births*
500– 999	26	25	96.2	14	40	39	97.5
1,000–1,499	28	18	64.3	11	39	29	74.4
1,500–1,999	50	12	24.0	10	60	22	36.7
2,000–2,499	195	10	5.1	5	200	15	7.5
2,500–2,999	873	3	0.3	9	882	12	1.4
3,000–3,499	1,703	9	0.5	5	1,708	14	0.8
3,500–3,999	1,103	3	0.3	2	1,105	5	0.5
4,000–4,499	292	1	0.3	1	293	2	0.7
4,500–4,999	39	..	..	..	39	..	..
5,000	6	..	..	..	6	..	..
Not Stated (Premature)	1	1	100.0	..	1	1	100.0
TOTAL	4,316	82	1.9	57	4,373	139	3.2
1,000 and over	4,290	57	1.3	43	4,333	100	2.3
1,500 and over	4,262	38	0.9	32	4,294	70	1.6

MATERNAL MORTALITY FOR PERIOD
September 1, 1932–December 31, 1958
PAVILION, PRIVATE AND BERWIND OUTDOOR SERVICES

During this period there were 122 deaths in 120,493 discharged patients; a maternal mortality rate of 1.0 per 1,000 patients discharged, or 1.1 per 1,000 pregnancies. In 1958 there were two deaths. The causes of death for the total period are shown in the following table:

Cause of Death	*1932 to 1937*	*1938 to 1942*	*1943 to 1947*	*1948 to 1952*	*1953 to 1957*†*	*1958§*	*Total*	*Grand Total*	*Per Cent Total*
Infection									
Antepartum	1	..	..	..	..	..	1		
Postpartum									
Puerperal infection	4	..	1	..	..	..	5		
Peritonitis following C. S	5	1	..	..	..	..	6	20	16.4
Peritonitis following ruptured appendix	..	2	..	..	..	..	2		
Postabortal	1	3	..	1	1	..	6		
Pneumonia									
Antepartum	2	..	..	..	..	..	2	8	6.6
Postpartum	4	..	1	..	1	..	6		
Hemorrhage									
Antepartum									
Placenta plevia	1	..	..	..	..	..	1		
Premature separation of placenta	3	..	..	..	..	..	3		
Postpartum									
Vaginal delivery	4	2	3	..	..	..	9	19	15.6
Following cesarean section	2	1	..	..	..	..	3		
Ruptured uterus	1	1	..	..	..	..	2		
Ectopic pregnancy	..	1	..	..	..	..	1		
Toxemia									
Acute yellow atrophy	2	1	..	..	..	..	3	5	4.1
Eclampsia	1	..	..	1	..	..	2		
Cardiac disease									
Antepartum	2	3	3	5	3	..	16	22	18.0
Postpartum	3	1	..	1	1	..	6		
Embolus	4	6	2	..	1	..	13	13	10.7
Pyelonephritis	2	..	..	1	1	..	4	4	3.3
Ischemic nephrosis	..	..	..	..	1	..	1	1	0.8
Necrosis of renal cortices	..	..	1	..	..	..	1	1	0.8
Cerebrovascular accident	2	1	3	..	..	..	6	6	4.9
Anethesia	1	1	..	..	..	..	2	2	1.6
Transfusion reaction	..	..	2	..	..	..	2	2	1.6
Tuberculous meningitis	..	..	..	..	..	1	1	1	0.9
Tuberculosis, miliary	1	..	..	..	..	..	1	1	0.9
Choriocarcinoma	1	..	1	..	..	1	3	3	2.5
Carcinoma of breast	..	..	..	3	..	..	3	3	2.5
Carcinoma of liver	..	..	1	..	..	..	1	1	0.8
Carcinoma of thyroid	..	..	1	..	..	..	1	1	0.8
Melanocarcinoma skin of right buttock	..	..	..	1	..	..	1	1	0.8
Sarcoma (neurogenic) left buttock	..	..	1	..	..	..	1	1	0.8
Sarcoma (neurogenic) peroneal nerve	..	..	..	..	1	..	1	1	0.8
Sarcoma (reticulum cell)	..	..	..	..	1	..	1	1	0.8
Postoperative to granulosa cell tumors of ovaries (benign?)	..	..	..	..	1	..	1	1	0.8
Blood dyscrasia-erythroblastic splenomegaly	1	..	..	..	..	..	1	1	0.8
Suicide (undelivered)	1	..	..	..	..	..	1	1	0.8
Colitis, subacute	..	1	..	..	..	..	1	1	0.8
Not determined (insufficient data)	1	..	..	..	..	..	1	1	0.8
TOTAL	50	25	20	13	12	2	122	122	100.0

* There were no maternal deaths in 1954.
† Two of these deaths occurred after transfer to other services in the main hospital.
§ One of these deaths occurred after transfer to another service in the hospital.

STATISTICAL
GYNECOLOGICAL DEPARTMENT
January 1, 1958–December 31, 1958

TOTAL DISCHARGES		2,456
Race		
White	2,200	
Colored	256	
Total	2,456	

DIAGNOSIS ON DISCHARGE

Vulva	
Bartholin's gland abscess or cyst	67
Benign tumor	34
Carcinoma	13
Condylomata	4
Congenital abnormalities	2
Diseases of hymen	22
Hyperkeratosis	5
Leukoplakia	17
Vulvitis	15
Others of vulva	68
Vagina and Perineum	
Benign tumor	28
Congenital abnormalities	9
Cul-de-sac hernia	33
Cystocele	424
Rectocele	405
Gartner's duct tumor	7
Inclusion cyst	14
Old perineal laceration	1
Rectovaginal fistula	5
Relaxed outlet	368
Vesicovaginal fistula	8
Ureterovaginal fistula	3
Rectoperineal fistula	1
Other fistulae	2
Stricture	12
Vaginitis	49
Others of vagina and perineum	115
Cervix	
Carcinoma, adeno	9
Carcinoma, squamous (invasive)	62
Carcinoma, in situ (Stage O)	38
Basal cell hyperactivity	114
Cervicitis	1,149
Endocervicitis	42
Congenital abnormalities	9

CERVUS—*Continued*	
Descensus	88
Endometriosis	20
Erosion	335
Hyperkeratosis	151
Hypertrophy	103
Laceration	135
Myoma	8
Polyp	237
True ulcer	40
Other benign tumors	50
Squamous metaplasia	295
Stenosis	24
Cystic	859
Others of cervix	84
UTERUS	
Atrophic endometrium	211
Adenomyoma	22
Adenomyosis	105
Carcinoma	64
Congenital abnormalities	13
Endometriosis	28
Endometritis	4
Hyperplasia of endometrium	166
Menorrhagia	776
Metrorrhagia	757
Myoma	889
Polyp	286
Procidentia	205
Pyometria	3
Retroversion	294
Other malposition	102
Sarcoma	12
Other benign tumors	5
Tuberculosis of endometrium	1
Others of uterus	68
TUBE	
Benign tumor	7
Carcinoma	3
Congenital abnormalities	2
Endometriosis	17
Hematosalpinx	1
Hydrosalpinx	29
Pyosalpinx	4
Perisalpingitis	12
Salpingitis	140
Tubo-ovarian abscess	6
Tuberculosis	3
Others of tube	119

DIAGNOSIS ON DISCHARGE—*Continued*

Ovary	
Carcinoma	44
Granulosa cell tumor malignant	1
Dysgerminoma, malignant	2
Struma ovarii, benign	1
Congenital abnormalities	3
Corpus luteum cyst	34
Dermoid cyst	19
Endometrial cyst	38
Endometriosis	34
Fibroma, fibroadenoma	17
Follicular cyst	39
Granulosa cell cyst	4
Perioophoritis	32
Paraovarian cyst	7
Peripheral sclerosis	31
Prolapse	58
Pseudomucinous cyst, cystadenoma	14
Serous cystadenoma	17
Simple retention cyst	79
Other cysts and tumors	74
Others of ovary	95
Other Conditions	
Intraligamentary myoma	11
Intraligamentary cyst	1
Endometriosis—other genital	46
Endometriosis—extra genital	6
Peritoneal inclusion cyst	6
Pelvic abscess	3
Pelvic peritonitis	5
Syphilis or history of syphilis	18
Urethrocele	129
Other (miscellaneous), gynecological and associated pelvic conditions	692

CANCER ADMISSIONS

1958

	New Cases	*First Admissions of 1958*	*Total Admissions in 1958*
Cervix Uteri			
Invasive, Stages I–IV	22	42	71
Intraepithelial, Stage O	24	30	38
Corpus Uteri			
Carcinoma	30	40	64
Sarcoma	7	9	12
Ovary			
Carcinoma	25	28	45
Other	1	1	2
Tube	2	2	3
Vulva	4	9	13
Urethra	0	1	2
Bladder	3	4	6
Total	118	166	256

OPERATIONS

Major	890
Minor	1,336
Total	2,226

TOTAL OPERATIONS AND PROCEDURES PERFORMED ON PATIENTS DISCHARGED FROM GYNECOLOGICAL SERVICE 1958*

Vaginal and Perineal	
Dilation of cervix	11
Dilatation and curettage	1,657
Tubal insufflation	9
Biopsy cervix	835
Other biopsy	61
Insertion of pessary	27
Insertion of radium	34
Cauterization of cervix	45
Bartholin's excision	28
Bartholin's incision and drainage	11
Removal condylomata	4
Removal inclusion cyst	1
Removal Gartner's cyst	1
Hymenotomy	20
Cervical repair	12
Polypectomy	129
Amputation cervix	28
Vulvectomy	6
Perineorrhaphy	15
Anterior colporrhaphy	246
Posterior colporrhaphy	252
Other vaginoplasty	9
Vaginectomy	2
Vaginal myomectomy	16
Repair cul-de-sac hernia	29
Vaginal hysterectomy	168
Shirodkar procedure	13
Colpotomy	13
Excision of cervical stump	17
Other vaginal operations	144

Abdominal Gynecological Operations	
Total hysterectomy	319
Subtotal hysterectomy	7
Myomectomy	60
Suspension associated with other surgery	28
Radical hysterectomy and lymphadenectomy	20
Salpingectomy, unilateral	81
Salpingectomy, bilateral	143
Oophorectomy, unilateral	87
Oophorectomy, bilateral	145
Resection of ovary	70
Removal of paraovarian cyst	5
Cauterization endometrial implants	2
Tubal sterilization (4 via colpotomy)	12
Salpingostomy	9
Suspension of ovary	3
Other abdominal operations	66

Urinary Tract Operations	
Plication urethra	32
Suprapubic suspension urethra	30
Repair vesicovaginal fistula	3
Repair ureterovaginal fistula	2
Biopsy	7
Excision urethral caruncle	5
Other operations	20

Rectal Operations	
Repair rectovaginal fistula	1
Hemorrhoidectomy	20
Polypectomy	1
Removal of rectum	1
Other operations	21

* This table refers to operations and procedures performed during the patient's hospital admission.

Other Abdominal Operations

Exploratory laparotomy, no removal	9
Exploratory laparotomy, biopsy	58
Release of adhesions	101
Appendectomy	272
Repair hernia	14
Secondary closure	13
Colostomy	7
Removal peritoneal cyst	1

Other Operations

Excision breast tumors	36
Paracentesis	11
Presacral neurectomy	3
Other operations	95

Non-Operative Procedures

Examination under anesthesia	2,159
Proctoscopy	111
Cystoscopy	117

Therapy, Non-Operative

Transfusions	346
X-ray	31

POSTOPERATIVE COMPLICATIONS

Among 2,226 operative cases 1,817 or 81.6 per cent had no postoperative complications.

The following occurred among 409 patients who had postoperative complications:

	Number	*Per cent of Total Operative Cases*
Febrile—etiology unknown	76	3.4
Febrile—pneumonia	2	0.1
Febrile—urinary tract infection	59	2.7
Febrile—thrombophlebitis	3	0.1
Febrile—infection operative site	16	0.7
Febrile—other cause	46	2.1
Shock—operative	2	0.1
Urinary tract infection—afebrile	69	3.1
Thrombophlebitis—afebrile	10	0.4

Some of the following complications occurring with a febrile course were included in the categories above also, and in some instances more than one complication occurred in the same individual:

	Number	*Per cent of Total Operative Cases*
Coronary occlusion	2	0.1
Other cardiac	9	0.4
Pulmonary embolus	3	0.1
Paralytic ileus	20	0.9
Intestinal obstruction	3	0.1
Pneumonia, pneumonitis	2	0.1
Atelectasis	4	0.2
Wound infection	24	1.1
Wound disruption	14	0.6
Anemia	122	5.5
Hemorrhage	14	0.6
Hematoma	28	1.3
Other respiratory	22	1.0
Other urinary	52	2.3
Other digestive	7	0.3
Miscellaneous	48	2.2
Total	657	

MORTALITY ON THE GYNECOLOGICAL SERVICE FOR THE PERIOD—September 1, 1932—December 31, 1958

During this period there were 268 deaths in 42,530 discharged patients, giving a gross mortality of 0.63% or 6.3 per thousand patients discharged.

	*Postoperative Mortality**			
	1958		*1932–1958*	
	Operations	*Deaths*	*Operations*	*Deaths*
Major	890	5	15,999	100
Minor	1,336	1	21,732	43
Total	2,226	6	37,731	143

The incidence of postoperative mortality=0.3% (2.7 per thousand) for 1958 and for the whole period, 0.4% (3.8 per thousand).

The causes of death in these 268 patients are shown in the following table:

Cause of Death	*1932-1937*	*1938-1942*	*1943-1947*	*1948-1952*	*1953-1957*	*1958*	*Total*
Acute leukemia	..	..	..	1	..	..	1
Air embolism	..	..	1	..	..	..	1
Asphyxia	..	..	1	..	..	..	1
Carcinoma of bladder	..	1	..	..	..	..	1
Carcinoma, bronchogenic	..	..	..	1	..	..	1
Carcinoma, breast	..	..	..	1	1	..	2
Carcinoma of cervix	3	2	10	23	11§	4§	53
Carcinoma of colon	..	2	..	..	..	..	2
Carcinoma of kidney	..	..	..	..	1	..	1
Carcinoma of ovary	7	14	12	21	21†	5	80
Carcinoma of pancreas	..	..	1	..	2	..	3
Carcinoma of rectum	..	..	1	..	..	..	1
Carcinoma of sigmoid	..	..	..	1	..	..	1
Carcinoma of tube	..	1	..	..	2	..	3
Carcinoma of urethra	..	1	..	..	1	..	2
Carcinoma of uterus	1	5	4	11	6	1	28
Carcinoma of vagina	1	..	1	..	..	..	2
Carcinoma of vulva	..	..	1	1	1	..	3
Cardiac failure	1	..	1	2	2	..	6
Cirrhosis of liver	..	..	..	..	..	1	1
Coronary thrombosis	..	1	1	1	1	..	4
Diabetes	..	1	1	..	..	..	2
Hemorrhage, cerebral	1	..	..	..	..	..	1
Hemorrhage, cervical myoma	1	..	..	..	..	..	1
Hepatic abscess	..	..	1	..	..	..	1
Krukenberg tumor	1	..	1	..	1	..	3
Leiomyosarcoma, pelvis, site of origin unknown	..	..	..	1	..	..	1
Malignant lymphoma	..	..	..	1	..	..	1
Malignant melanoma, melanosarcoma	1	..	..	..	1	..	2

* "Postoperative Mortality" as used in this table includes all deaths following any operative procedure, major or minor, provided the procedure was performed during the terminal hospital stay of the patient, irrespective of the duration between operation and death.

§ One of these patients died after transfer to the Medical Department.

† One of these patients died after transfer to the Surgical Department.

MORTALITY ON THE GYNECOLOGICAL SERVICE—*Continued*

Cause of Death	*1932-1937*	*1938-1942*	*1943-1947*	*1948-1952*	*1953-1957*	*1958*	*Total*
Narcosis (gas, oxygen, ether)	..	2	1	..	..	..	3
Nephritis	..	..	..	1	..	..	1
Pelvic inflammatory disease	1	..	..	..	..	..	1
Pelvic malignancy, site of origin unknown	2	..	..	..	5	..	7
Malignancy, site of origin unknown	..	..	..	..	..	1‡	1
Peritonitis	3	1	1	..	..	..	5
Pneumonia	2	1	..	..	..	..	3
Pseudohemophilia	..	..	..	1	..	..	1
Pulmonary embolus	2	8	3	1	..	..	14
Ruptured appendix	1	1	..	..	..	..	2
Sarcoma of ovary	1	..	..	..	..	..	1
Sarcoma of pancreas	..	1	..	..	..	..	1
Sarcoma of uterus	1	3	4	..	2	1	11
Theca granulosa cell tumor	..	1	..	..	..	..	1
Thromboembolism	..	..	1	..	..	..	1
Tuberculosis, miliary	..	..	1	..	..	..	1
Tuberculous peritonitis	..	..	..	1	..	..	1
Tubo-ovarian abscess	..	..	..	..	1		1
Uremia	..	1	..	..	..	..	1
Vascular accident (?)	..	..	..	..	2	..	2
Total	30	47	48	69	61	13	268

‡ This patient died after transfer to the Neurosurgical Department.

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